Dr. Elkins

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11001

FILED APR 22 1940 816

Registration District No. _____ Primary Registration District No. 2001 Registrar's No. 300

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. John Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Waynesville, Missouri (If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Sarah Burchard

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife George A. Burchard 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May (Month) 15 (Day) 1868 (Year)

8. AGE: Years 71 Months 10 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace Park County (City, town, or county) Indiana (State or foreign country)

10. Usual occupation Retired Hotel Operator

11. Industry or business _____

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Clarence E. Burchard

(b) Address Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 27 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Crocker, Missouri

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 3/27/40 (Date received local registrar) (b) Chas. A. George (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25 year 1940 hour 11 minute 10 p. M.

21. I hereby certify that I attended the deceased from Mar. 20, 1940 to Mar. 25, 1940; that I last saw her alive on Mar. 25, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Terminal Bronchial Pneumonia

Due to Cerebral Hemorrhage

Due to Ch. Art. Hypertension

Other conditions (Include pregnancy within 3 months of death) 82A

Major findings: Of operations _____

Of autopsy [illegible]

Duration

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature Ronald F. Elkins (M. D. or other)

Address Springfield Mo Date signed 3-27-40

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-5-17-39 Rev. 5-17-39 1 X19511

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed. Walter E. Smith

Licensed Embalmer No. 3808

P. O. Address Springfield Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.